

THE PATHOLOGY OF PARAPLEGIA IN VERTEBRAL CARIES, WITH THE INDICATIONS FOR OPERATION.

WILLIAM THORBURN, in a lecture on the surgery of the spinal cord and its appendages (*British Medical Journal*, 1894, No. 1748), gives the following summary:

Paraplegia may be produced in one or other of the following ways:

1. Mere kyphosis is not usually competent to produce paraplegia.
2. Sudden paraplegia may result in rare instances from fracture of carious vertebræ. The frequency of this occurrence is, according to Kraske, about two per cent. of the total number of paraplegias caused by vertebral caries.
3. Still more infrequent causes are the bursting of an abscess into the spinal canal, hemorrhage into the canal, and displacement of bony sequestra which press upon the cord.
4. The most usual cause of paraplegia is pressure by granulation-tissue.
5. In a few cases true tuberculous periarteritis is found within the cord, generally in association with tuberculous lepto-meningitis.

In regard to the prognosis, the author says: "My own experience is, that nearly all cases will recover if kept fixed in the recumbent position for a sufficiently long time, but the time required may be very prolonged." Cases in which the paraplegia is due to intramedullary tuberculous periarteritis can hardly be expected to get well, and those in which pressure has arisen from fracture of the carious bones are not likely to improve to any great extent. Equally unfavorable are some of the other rare varieties of paraplegia.

The following indications for operation are given:

1. A steady increase in symptoms in spite of favorable conditions and treatment.
2. The presence of symptoms which directly threaten life.
3. The persistence of symptoms in spite of complete rest is the indication which has been most commonly adopted.
4. In posterior caries (caries of the arches) operation is clearly indicated, as here we can readily both treat the paraplegia and remove the whole of the tuberculous tissue.
5. The existence of severe pain if the patient is being exhausted thereby.
6. Children, as a rule, yield better results than do adults.

Contra-indications: The presence of active tuberculous changes in other organs. Macewen holds that we should not operate in the presence of pyrexia. The exception to this would be if the cause of the pyrexia could be removed by operation. General meningitis will probably prove fatal whether an operation be performed or not. Cases of fracture of carious vertebræ are manifestly unsuitable for laminectomy, and most paraplegias of sudden onset will fall into this category.

EXTIRPATION OF THE PAROTID AFTER THE METHOD OF PROF. SCHÜLLER.

MANDOWSKY reports in the *Ärztlichen Praktiker*, 1894, No. 33, a case of tumor of the parotid gland, and describes the method employed by Prof. Schüller in removing these growths. The possibility of removing the parotid entire is still a disputed question, but it is admitted by all that the operation

is at least one of the most difficult in surgery. This is due to its intimate association with large and important bloodvessels and nerves, and also to the fact that the gland dips deeply into the retromaxillary fossa. The author condemns the ligation of the common carotid, not only because it is an operation not without danger, but also because it will not control the hemorrhage. The same remarks apply to the preliminary ligation of the external carotid. Much more useful is the method proposed by Van Langenbeck of catching each vessel as it is met, applying a double ligature and cutting between, or by applying prophylactic ligatures and provisional constriction of the vessels in the neighborhood of the tumor. The operation can be made almost bloodless. It is also advised in isolating the tumor not to work from all sides, but from above downward and from before backward. The case described is that of a woman, forty-eight years of age, with a parotid tumor removed in this way, securing the vessels with a double ligature and cutting between. Upon histological examination the tumor was found to be an alveolar carcinoma. The patient was discharged at the end of three weeks, the wound being entirely healed.

THE LIMITS AND VALUE OF URETHROSCOPY.

CASPER concludes an article on the above subject as follows (*Annales des Maladies des Organes Genito-urinaires*, No. 9, 1894):

1. In regard to the utility and value of the urethroscope, the principle of external illumination is far superior to introducing a light into the urethra.

2. The urethroscope is, in many cases, of distinct diagnostic and therapeutic value, and cannot well be dispensed with.

3. Owing to anatomical and physiological reasons and the mechanical conditions which result therefrom, urethroscopy is kept within certain limits, beyond which the interpretation of the urethroscopic images becomes impossible.

4. Posterior urethroscopy for diagnosis and therapy is only justified in a small number of exceptional cases.

VICIOUS CALLUS OF THE UPPER EXTREMITY OF THE HUMERUS, AND ITS OPERATIVE TREATMENT.

LEJARS reports two cases illustrating this condition, and quotes others already recorded (*Revue de Chirurgie*, 1894, No. 8). The first patient was a boy, sixteen years of age, who sustained an injury of the right shoulder on the 12th of May. In June he applied at l'Hôpital Necker, when subcoracoid dislocation of the humerus was diagnosed, and an unsuccessful effort made at reduction by Kocher's method. Further study showed the case to be one of separation of the upper epiphysis of the humerus. There was a marked loss of function. The second patient was a woman, aged thirty-four years, who sustained a fracture of the surgical neck of the humerus. Owing to a persistent and violent delirium it was impossible to keep the fragments in proper position, and union occurred with a deformity very similar to the preceding case. Both patients were operated upon with satisfactory results.

From a study of reported cases and those personally observed the author